St Albans Medical Centre
Travel Risk Assessment Form

Please note, there is a 8-10 week wait for travel appointments. If you are travelling sooner than this, we cannot guarantee we will be able to vaccinate you, so we may ask you to attend a private travel clinic as an alternative.

Personal Details	
Name:	Date Of Birth: Gender:
Telephone Number:	
Email:	
Dates of Trip	
Date of Departure:	
Return date or overall length of tip:	

Itenerary and purpose of trip		
Country to be visited	Length of stay	Away from medical help at destination? If so, how remote?
1.		
2.		
3.		

Please tick as appropriate below to best describe your trip						
1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self-organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives / Family Home		Other	
4. Travelling	Alone		With family/friend		In a group	
5. Destination Type	Urban		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	

Personal Medical History			
	YES	NO	DETAILS
Any allergies including food, latex, medication			
Have you ever had a serious reaction to a vaccine given to you before?			
Does having an injection make you feel faint?			
Any surgical operations in the past, including e.g. open-heart surgery, spleen or thymus gland removal?			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Additional needs and/or disability			
Epilepsy/seizures (or in a first degree relative?)			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition e.g. blood cancer			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Are you or your partner pregnant or planning a pregnancy?			
Are you breast feeding (if applicable)			
Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?			

Vaccination History					
Have you ever had any vaccinations or malaria tablets and if so, when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yello Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment

Confirmations	
Statement	**Tick to confirm**
I have no reason to think that I may be pregnant.	
I understand I will be provided with information of the risks and benefits of the vaccines recommended and will have the opportunity to ask questions at my appointment.	
I consent to the vaccines being given.	
Signed:	Date: